PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								Application or Docket Number 0.9/856416					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_	RATE FEE		֓֞֞֞֞֓֓֟֝֟֟ <u>֟</u>	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		· -	BASIC FEE		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			minus 20=		•		XS 9=			OR	X\$18=		
INDEPENDENT CLAIMS			ξ <i>ι</i> 6 πinus 3 =		. (37		X40=			1	X80=	Talle	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT	\sqrt{I}						OR		עציב	
* If the difference in column 1 is less than zero, enter "0" in column 2								135= OTAL		OR	+270=	100	
CLAIMS AS AMENDED - PART II										OR	TOTAL	1.10.0	
Ľ	7018104	(Column 1)		Colun		(Column 3)	MALL	ENTITY	OR	OTHER SMALL			
- AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEÆ	
	Total	1. 13	Minus	21	2	-0	X	\$ 9=		OR	X\$18=		
·AM	Independent FIRST PRESE	NTATION OF MI	Minus	··· (CLANA	- B	X	40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	35=		OR	+270=		
								TOTAL			TOTAL		
		(Column 3)	ADDI	T. FEE	······································	JOI 1	ADDIT. FEE	_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT	Herjolande Medicalis	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X	\$ 9=		OR	X\$18=		
	Independent	NTATION OF ME	Minus	•••		=	X	40=		OR	X80=		
	PINOT PRESE	NTATION OF ML	ETIPLE DEF	ENDENT	CLAIM []			35=			. 270		
							<u> </u>	TOTAL		OR	+270= TOTAL		
		(Column 1)		(Colum	- 2\	(Caluma 2)		T. FEE		OR ,	ODIT. FEE		
ပ	mijar en en en en	CLAIMS	- 28 Air	(Colum HIGHE	ST	(Column 3)			4001				
<u>⊢</u> I	t (kg)	REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA	RA	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Independent	T PRESENTATION OF MULTIPLE DEPENDENT CL			=	X4	10=		OR	X80=			
	HIST PRESE	MIATION OF MU	LIPLE DEP	ENDENT	CLAIM		—						
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
	the "Highest Nur	mber Previously Pai mber Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is	less tha	n.3. enter "3."	ADDIT	. FEE L			DDIT. FEE		